MARGIN RESERVED FOR BINDING

WRITE

PLEASE

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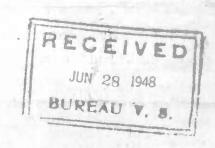
NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERT	CIEI	CAT	FF	OF	DE	TH
CLIV		CA	100	OL.	LIELE	4 1 1

	Reg. Dist. 140
1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural - Kitzmiller (If outside city of tary limits, write RURAL and give nearest town)	Stale W. Va. County Mineral Rural - Keyser
How long in above place of death? Hospilal, Institution, or street address where death occurred: Peerless- 2 Miles West of Kitzmiller	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If reteran, name war
3.(a) FULL NAME Robert Hull Anderson	3. (b) Social Security Number NONE
Male Scotor or race (a.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 15 19 19 19 19 19 19 19 19 19
Mary (Mayberry) Anderson 6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Oct. 16, 1962	and that I last saw h
8. AGE: Years Months 27 If less than one day 27hrsmin.	Coronery Archailer
9. Birthplace New Castle, Penna. 10. Usual occupation Retired Farmer 11. industry or business on 't Know	Due to
a 13. Birthplace Don't Know	(Include pregnancy within 3 months of death)
Don't Know 14. Malden name Don't Know 15. Sirthplace	Major fiediogs of operations
16. Informant Walter Anderson Address Kitzmiller, Md.	Autopsy results
Burial Burial Dale thereof May 16, 1948	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Otha F Sharpless	Means of Injury Injured at work?
Address Blaine, W.V.	23. SIGNATURE & Worman ther sees
19. (Date rec'd by Pristrar) Registrar	Address Darlan Drug Date signed Title



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

						Reg. Dist. No	
1. PLACE OF		l: t.t			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
City or town					state Maryland co	ounty Garrett	
***************************************		······································				e LOCATION)	*********************
3. (a) FULL !		itution?	***************************************	***************************************	2.(a) If veteran, name war	••••••	*************************
3. (a) FULL		T	A 3 3			3. (b) Social Security	Number
4. Ser		sey L.		e, married, widowed, or divorced		None.	
Male		White		rried.	MEDICAL C 20. DATE OF DEATH MAY LOTH	ERTIFICATION 48	A.A. 4:30
6.(b) Name of hu	sband or wi	e Emma	F. As	hby.	Of Toroxies and all and an array		
7. Birth date of deceased (mo.,) If alive, give age <u>82</u> ye	ars and that I last saw h. im alive on 5	ove stated; that lattended decided 48 May 10t	19
8. AGE:	Years	Months	Days	If less than one day	Heart Failure		OURATION
	92	10	20	hrs m	***************************************	***************************************	2 days
	9. Birthplace Garrett County. (Town, county, and state) Retired Farmer.				Due to. Influenza		7 Weeks
12. Name	Wi.	lliam W arrett		by.	Diher conditions	••••••	••••••••••
14. Maiden r 15. Birthplace		Holon	Thay	er.	(Include pregnancy within 8 s		
			y Nic	hloson.	Antopsy results	***************************************	***************************************
II. Bui	Near	emoval. Which?) Ashb	Date thereo	May 12th/48	22. VIOLENCE: If death was due to externat cau Accident, suicide, or homicide	Date of	(State)
Address (Date rec'd b	Q a	kld 1,48	A CA	lina Tacona	23. SIGNATURE 23. Address. Oakland Maryland	M. D. c	11748



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle

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stated; that I attended deceased from May 27th

and Nephrit

death should be charged statistically.

(State)

M. D. or other

CERTIFICAT

es St., Baltimore	510
TE OF DEATH	Reg. Dist. No. / 66
2. USUAL RESIDENCE (HOM (For newborn infants give reside	(E) OF DECEASED:
Maryland State	Garrett
City or town. Swanton (If outside city or tow	n limits, write RURAL and give nearest town)
(If rura	d, give LOCATION)
2.(a) If veteran, name war	
У	3.(b) Social Security Number NONE
MEDICA May 27	L CERTIFICATION 48 1.25 A

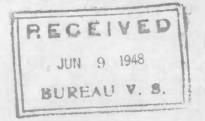
How long in above	(If outside city or town in place of death? 54Yr, n, or street address where	S.	Street No	wu limits, write RURAL and giv	
How long in hospi	al or Institution?			2.(a) If veteran, name war	
3. (a) FULL N	Bradley	Thoma	as Johnston B	ray	3. (b) Social Secu None
4. Sex Male	5. Color or race White	Wid	e, married, widowed, or divorced OWE d	MEDIC May 27	AL CERTIFICATION
		, 185	ane Campbell c) If alive, give age 9	21. I CESUFY that death occurred on the least saw harmonic alive on Immediate cause of death.	May 19th May
8		7	If less than one day	min.	
10. Usual occupation of the state of the sta	Retired- Siness Ohn Willia Mt. Zion, Adelia A Mt. Zion,	Farme m Bra Garre Ann Pa Garre	y tt Co.,Md. ugh tt Co.,Md.	Due to	within 3 months of death)
Address R#	3, Swanton	, Md.	end end end May 30, 1948 ery (month) (day) (year)	Autopsy results	ase to which death should be cha sternal causes, fill in the following:
Location	anton, Md.	harpl	ess	Injured at home, farm, Industry, public Means of Injury	or town) (County)
Address Bl.	aine, W.Va	1 1	elin G. Nove Regis	23. SIGNATURA TO THE TERM Address. Oakland Mar	yland Date sign

information carefully. The conformation of death clearly and legibly. MARGIN RESERVED FOR BINDING UNFADING INK. Supply every item of ant. Physicians: please write the causes WITH UNF important. is especially PLEASE WRITE PLAINLY

The correct age

1. PLACE OF DEATH:

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	OBRITITION!	L OI BEATH	Reg. Dist. No	*******************	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	F DECEASED:		
county Garrett	3				
City or town		slate Maryland County Garrett			
How long in above place of death?	***************************************	City or town	Write RUKAL and give ner	irest town)	
Hospital, Institution, or street address where death occurred no Hospital		Sireet No			
How long Nesar or Blacomington	Md Rural	2.(a) If veleran, name war no			
3. (a) FULL NAME	······································	2.(u) ii veieran, name war	7	B. B.	
Lucian L Bucklew			3. (b) Social Security	Number	
	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	am	
male white W	idower	20. DATE OF DEATH	14.0		
no wife		21. I CERTIFY that death occurred on the date abo			
6.(b) Name of husband or wite no wife	••••••••••••••••••	April I5			
T. Rirth date of) If allve, give ageyears	and that I last saw him alive onMary			
deceased (mo., day, yr.) April Ist	I859	Immediate cause of death			
8. AGE: Years Months Days	if less than one day	Myocardial Deger	neration.	Ivr	
89	hrsmin.				
9. Birthplace West Virginia (Town, county, and a	tate)	Due to Arterio Schler		5yrs	
10. Usual occupation	•••••			* *************************************	
11 Industry or business		Due to		***************************************	
E 12 Name John W. Buckle	W •	Other conditions Duodenal UJ	cer.	2yrs	
₹ 13. Birthplace Unknown.					
14. Malden name Lavinia Mark	lev.	(Include pregnancy within 3 n	nonths of death)		
15. Birthplace Unknown.		Major findings of operations			
			Date of op		
16. Informant Mrs. Nellie Wis		Antopsy results		ata tiatically	
Address Bloomington, M		22. VIOLENCE: If death was due to external cause		otationt any.	
17. Burial Date there (Burial, cremation, or removal, Which?)	of May 27th/48 (month) (day) (yenr)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) Cemetery or crematory	(month) (day) (year)				
	01100001	Where did injury occur?(City or town)			
Localion Oakland, Md.		Injured at home, farm, Industry, public place (wh			
18. Funeral director Zayyou D.	Bolden	Mapris of Injury	tnjured at work?		
Address AP aklant of.	Md	-A-11/1	0 1-0	20	
	a Roman	23. SIGNA SIGNA	trest of M. D.	or other	
19. (Dyte rec'd by registrar)	as a nowwww. Registrar	Address Pledmont W Va	Date signed	5/27/48	



JUN 9 1948

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Garrett County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Garrett			
City or town Mt. Lake Park	Mt. Lake Park			
(If outside city or town limits, write RURAL and give nearest town) 48 years	City or town. (If outside city or town limits, write RURAL end give nearest town)			
How long to above place of death?	Street No			
How long in hospital or institution?	2.(g) If veteran, name war.			
	3. (b) Social Security Number			
3. (a) FULL NAME	5. (0) Social Security Number			
Katherine O. Chance				
4. Sex Female White Widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH May 16, 1948 19:30P. M			
B.(b) Name of husband or wife James E. Chance	21. I CERTIFY that death occurred on the date above stated; that attended deceased from			
	and that I last saw h 27 alive on hay 15 1946			
7. Birth date of deceased (mo., day, yr.) January 30, 1862	Immediate cause of death DURATION			
8. AGE: Years Months Days If tess than one day 85 3 16hrsmin.	Chronic Theoreadh 10gps			
9. Birthplace	Due to			
10. Usual occupation	Due to			
12. Name Thomas Vansant	Other conditions.			
	(Include pregnancy within 8 months of deeth)			
Eliza Covey 14. Maiden name Unknown				
Unknown	Major findings of operations.			
Mrs. Louise Selby	Date of op.			
1B. Intermant	Autopsy results			
Address Oakland, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial Date thereof. 5/19/48	Accident, suicide, or homicide			
(Buriai, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory.				
	Where did injury occur?			
Oakland, Maryland.	Injured at home, farm, industry, public place (where?)			
Now to District	Means of injury Injured at work?			
	200			
Address Oakland, Maryland.	23. SIGNATURES Co. B. Ceum Jar her M. D.			
19. 5 / 9 / 19 48 Julia Mowan (Date rec'd by registrar) Registrar	M. D. or other			



JUN 9 1948

BUREAU Y. S.

Reg. Dist. No. 166

3. (b) Social Security Number

DVI AND STATE DEPARTMENT OF HEALTH

Baltimore

OF DEATH

2411 N. Charles St.
CERTIFICATE

City or town Mt a Lake Park
(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland County Allegany City or town Cumberland. (If outside city or town limits, write RURAL and give nearest town) Sirest No. 204 Seymour St.

(If rural, give LOCATION)

Chanev

none MEDICAL CERTIFICATION

David W. 6.(a) Single, married, widowed, or divorced 4. Sax Widower Male white 6.(b) Name of husband or wife Fannie Chaney 6.(c) If alive, give agevears 7. Birth date of deceased (mo., day, yr.) July 5, 1859 Months Days If less than one day 8. AGE: 88 9. Birlhplace Springfield-Hampshire, W.VA. 10. Usual occupation Carpenter 11. Industry or business Unknown 14. Maiden nad 15. Birthplace Unknown 14. Maiden name..... 16 Informant Mrs. Leonard Adams Piedmont. W.VA. Address Date thereof (month) (day) (year) 17 Burial
(Burlal, cremation, or removal, Which?) Cemelery or crematory Bier Cemetery

20 DATE DE DEATH May, 16th, 19 48 at 1:45 M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from A.M. April, 18, 19.48 to May, 16, 18.4 and that I last saw him alive on May, 13, 1948 19. Immediate cause of death..... Arteriosclerosis Senility

(Include pregnancy within 3 months of death) Major findings of operations None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?)

Meens of Injury

Date signed y 16/1948

legibly

information carefully of death clearly and

item of i

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FOR BINDING

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The

1. PLACE OF DEATH: Garrett

3. (a) FULL NAME

How long in above place of death? One Month Hospital, Institution, or street address where death occurred: Kiser Nursing Home

How long in hospital or institution?

County.....

19. May 19 a 19 48. (Date rec'd by registrar)

Westernport, Md.

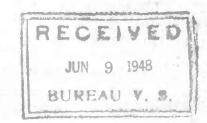
Location Rawlings, Md.

1B. Funeral director Ell.sworth S. Bool

Julia A.Rowan Local

Oakland, Maryland.

WRITE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05045

CERTIFICATE OF DEATH

		-		The second secon		
1. PLACE OF DEATH	I: , ,			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Gal	rett		477 - 477	state Marvland County Garrett		
City or town. Rural - Grantsville, Md. (If outside city of town limits, write RURAL and give nearest town)				State County County Md		
Now long in above place of de	eath? 5 ye	ears		City or town Rural - Grantsville, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or etre				Street No.		
				(If rurai, give LOCATION)		
How long in hospital or Inst	Itution?			2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
	Cather	ine T	urst	None		
4. Sex 5.	Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Widowed	20. OATE DE DEATH 2 2 1 1945 21 5.00 Q. 1		
6.(b) Name of husband or w	Mich	sel W	m Durst	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
			c) If alive, give ageyears	19.4 10 May 2 1 19.4		
7. Birth date of				and that I last saw h Dalive on May 10 1945		
deceased (mo., day, yr.) 8. AGE: Years	June. 2	4 LOS	1 It less than one day	Immediate cause of death DURATION		
93		26		La Jasane III spaceasellelles 3 Left		
	110		hrsmln.	-		
9. Birthplace Rural	- Gran	tsvil	le(Garrett) Md	Due to		
1D. Usual occupation						
			A.42	Due to		
11. Industry or business						
	- da		A m	Other conditions Childhold Light		
₹ 13. Birthplace R1	ral-Gr	entsv	ille, Md.	(Include pregnancy within 3 months of death)		
14. Malden name	Barlara	Durs	<u>†</u>	Major findings of operations.		
14. Malden name	Not Kno	wn		Major hadings of operations		
				Autopsy results.		
				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			le, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burls	L Which?	Date the	reof 5-23-I948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Grant	rvill	e	Where did injury occur?		
				Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?		
1B. Funeral director DA	m ar	hnde	sug	Meens of Injury Injured at work?		
P .	tsville		///	W H Stamould.		
000	.16	pag _a	1.0B. 1. +	23. SIGNATURE M. D. or other		
19. (Date rec'd by registr	19 4 8 ar)	EZ	Med 12 may Manual Registrar	Address A Manhantil Co Med Date signed May 2 1/1		



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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05046 Reg. Diat. No. / 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	State Md County Garett
City or town. Grantsville 4//6/. (If outside city or town limits, write RURAL and give nearest town)	Chantaville
How long in above place of death? 25 Years	City or town (FRANTSVILLE (If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street åddress where death occurred:	Street No.
	(If rural, giva LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora Belle Frickey	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Married	20. DATE OF DEATH 19 20 21/ 10 10 10 10 10 10 10 10 10 10 10 10 10
6.(b) Name of husband or wife Noyah Frickey	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(c) If alive, give age 53	19, p 10, 10, 11, 11, 11, 11, 11, 11, 11, 11,
7. Birth date of	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
G. 762.	and the state of t
9. Birthplace Near Jennings - Garett-Co-Md (Town, county, and atate)	Due to
10. Usual occupation. House Work	
	Due to
11. Industry or business	- India
12. Name Wilson Bittinger 13. Birthplace Near Jennings M d	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Hetrick	Major findings of operations
14. Malden name. Mary Hetrick 15. Birthplace Near Jennings	
16. informant Kermit Bittinger	Antonsy results.
Address Grantsville Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D TO TO TO TO	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burla1 Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mapel Grove	Where did injury occur?
Location Near Grantsville Md	tnjured af home, farm, industry, public place (where?)
	Mesns of Injury Injured at work?
18. Funeral director Assim assimilating	21 20 = 110
Address Grantsville Md	23. SIGNATURE // My Devis Mill
. May 5 . 48 Ethel Broadwate	M. D. or other
(Date rec'd'by registrar) Regis	trar Address A AMENGUAN Date signed A



PLEASE WRITE P

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Chartea St., Battimore

164 C

05047 Reg. Diat. No. / 6 6

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County						2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:		
City or town Oakland, Maryland, Rt. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life time						State Maryland county Garrett City or town (If outside city or town limits, write RURAL and give nearest town)			
	Hospital, Institution, or street address where death occurred:					Street No			
How long in hospita		tution?		***************************************	*********	2.(α) If veteran, name war			
3. (a) FULL NA	ME						3. (b) Social Security	Number	
		ijah J					213-18-	2946	
4. Sex	5. 0	Color or race	6.(a)Singi	e, married, widowed, or divorced		MEDICAL	CERTIFICATION		
Male	M	hite	M	arried.		20. DATE DE DEATH. May	6 1948	5-A	
6.(b) Name of husb	and or wif	e Gold	ie Fr	iend.		21. I SERTIFY that death occurred on the date	bove stated; that I attended dece	ased from	
***************************************			6.() If alive, give age 64	years	Hannet ap	ex of the f	19	
7. Birth date of deceased (mo., d			läth.			and that I last saw halive on		19	
	ears	Months	Days	If less than one day		Immediate cause of death		DURATION	
	75	11	23	hrs.	min.		Lanus		
9. Birthplace		g Run		1			247.10	* *************************************	
9. Birthpiace		(Town,	eounty, and	tate)	**********	Due to Martida 7		4************************	
1D. Usual occupati	on	Far	mer.	***************************************			***************************************	***************************************	
11. Industry or bus	ness					Due to	***************************************	*	
		Frede	rick	Friend.		Other conditions		***************************************	
13. Birthplace	S	ang Ru	n, Md	•				TET - I	
14. Maiden na 15. Birthplace	ma	Rachel	Ross	Friend.		(Include pregnancy within			
LO 4	C	one Ru	n Md			Major findings of operations			
≥1 15. Birthplace	If no co	Honn	119 1000	nhall			Date of op		
16. Informant				bharr.		Autopsy results		atatistically	
Address		akland						4	
17. Bur (Buriai, cremat	ial		Date there	of May Sth/48 (month) (day) (yes	8	Accident, suicide, or homicide		MYK	
(Buriai, cremat	ion, or re	emoval, Which?)	nd Co	(month) (day) (yes	ar)			- mr	
Cemetery or cres				metery.		Where did Injury occur?	(County)	(State)	
Location	Ua	kland,	MC.			tnjured at home, farm, Industry, public piace			
18. Funeral directo	22	ysa	y D	, Bolde	u,	Means of Injury Shat Jan A > 2	the A A A	ned.	
May	734	J 19 48	Xx	lis a Nor	caso	23. SIGNATURE CO. C.	M. D.	5/8/48	



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

		les St., Baltimore 94	2	" Berra
	CERTIFICAT	TE OF DEATH	Reg. Diat. No.	
County		State	County	
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME Moah,	Sylvester W.	C'Keuzie	3. (b) Social Security	Number
Male White (6.4)	Single married, widowed, or divorced	O MEDICA 20. DATE OF DEATH. MAY	L CERTIFICATION 1946	30
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Monty Days 7. Birth date of deceased (mo., day, yr.)		21. I CERTIFY that death occurred on the condition of the	19.42 10 May.	
9. Birthplace Wilton Da ,(Toyn, Londy, 1 1D. Usual occupation Referes	nrett ma	Oue to Due to	5 elevosio	Server
12. Name full full full full full full full ful	run	Other conditions	thin 3 months of death)	
16. Informant Morman M	Cheusia mil	Autopsy results PHYSICIAN: Please underline the caus		
Cemetery or cromatory	thereof. (month) (day) (year)	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	Date of	(State)
18. Funeral director	wrst	Maans of injury	Injured at work?	$\mathcal{L}(\mathcal{L})$
Address / Throl	YNARG MICH		11Zane	110

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JUN 3 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1504!) (Beg. Dist. No. 162

1. PLACE OF DEATH: -//	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Darveld County 4	(For newhorn infants give residence of mother) State OMIC County Maddison County
City or town Grands will	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Stain Lity 11. 2
How long In above place of death?	(If outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
,	(If rursl, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Natio alice Troyer	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Daughter White	20. DATE OF DEATH. May 15 1948, at M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	May 15 1948 to May 15 1948
7. Dirih dale of S.(c) Ifralive, give age years	and that I last sawh ex alive on dead May 15 1948
deceased (mo., day, yr.)	1
8. AGE: Years Months Days If less than one day	Immediate cause of death
5 20hrsmin.	Bronchopneumania
Al. at	
9. Birthplace dan Lity	Due to
(Town, county of state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Dave D Sroffer	Other conditions Malnutration
12. Name Dan Swoffer 13. Birthplace Flan City Chio	Pia G- #
	(Include pregnancy within 3 months of death)
14. Maiden name Edma Schladoch Troyer 15. Birthplace Plann City	Major findings of operations
= 15. Birthplace Lang Lity	
16. Informant Dan L Taken	Antopsy results. as above
10 1 · 7). L [[] [] · 10 0	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Clay Cely Galler 19 100 c	-22. VIOLENCE: If death was due to external causes, this in the following;
17 Bureal Date thereof MRY 17 1948	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (nonth) (day) (year)	
Cemetery or crematory Clanettery	Where did injury occur?
Location 2 3 mile South Entel Planty	Injured at home, farm industry, public place (where?)
# - 1.2: - 1	MAN ORDING, Examples interest works
18. Funeral director. Min Minutality	
Address grantanelle Ofla	Benedent Sketorely M. D.
mille 18 Ethel Bons Sunta	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address R = Cumberland, Md Date signed 5/15/48

MAY-17 1948.
BUREAU V. S.

Note that it is good

A STATE OF

Reg. Diat. No.

N-	CERTIFICA	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Garrett City or town Mt. Lake Park (If outside city of town limit	s, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State	mother)
How tong in above place of death? Hospital, Institution, or street address where dea Keiser Rursing Home How long in hospital or institution?	th occurred:	City or town	Count LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
4. Sex S. Color or race female White	(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
T Dieth doto of		21. I CERTIFY that death occurred on the date abo Lay 19 and that I last saw h. Example on May	ve stated; that lattended deceased from 147 May 2nd 19
deceased (mo., day, yr.) Octobe 8. AGE: Years Months 74 6	Days If less than one day 18hrsmin.	Immediate came of death. Cerebral Hemoorhage	DURA 24
9. Birthplace Acus of Town, cou 10. Usual occupation House of 11. Industry or business Own A	rife	Due to	1 yı
12. Name	ompson	Other conditions	/
16. Informant Edgar Twi	W. Va.	Autopsy results PHYSICIAN: Ptease underline the cause to wh 22. VIOLENCE: It death was due to external cau	aich death should he charged statistically.
	Date thereof. 70% 5, 1978 (people) (day) (year) 2 3 Cemetery 3 d. 74	Accident, suicide, or homicide	(County) (Share)
Address Colored 19. May 4. 19. (Date ree'd by registrar)	Hofee wan legistrar	23. SIGNATURA Oakland, Marlland	M, D, or other Date signed 5-3-1

MEDICAL CERTIFICATION	
D. DATE OF DEATH May 2nd 19 48	4:45 Z
21. I CERTIFY that death occurred on the date above stated; that I attended decea May 18. 47. to May 2nd and that I last saw h. er alive on May 1st	19.48 19.48
mmediate cause of death. Cerebral Hemocrhage	DURATION 24 hou
ue to Acute Nephritis	1 yr
ue to	
ther conditions	
(Include pregnancy within 3 months of death)	/ 1
lajor findings of operations	Vatinical .
2. VIOLENCE: It death was due to external causes, fill in the following	Ca on
ccident, suicide, or homicide	- X
There did injury occur?	(share)
njured at home, farm, Industry, public place (where?)	J. ()
feans of injury Injured at work?	10/
3. SIGNATUR	6

MARGIN RESERVED FOR BINDING

. Supply every item of information carefully. The please write the causes of death clearly and legible

RITE

EASE

RECEIVED

JUN 9 1948

BUREAU Y. S.

CONTRACTOR DESCRIPTION

A CAN THE REAL PROPERTY AND A SECOND CO.

Mailed Certificate hade to informant to Ablain Hamily record, but he able to oblam my-A Mix addressed the Invelope instead of to Orbland Maryland to Ookland June. Dr. Lollars. was will and not really able to sign EIBE VND VITIED LINES INSURANCE COMPANY CILK OF NEW YORK Insure with

9.45-15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

05051 Reg. Diat. No.

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Garrett City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Oakland City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)									
					How long in hospital o				2.(a) If veteran, name war	***************************************	••••••
					3. (a) FULL NAM Rich	e ard Marsl	nall T	Jpole		3. (b) Social Security N	umber
Male Male	5. Color or race white		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION 48	12:34P.					
8,(b) Name of husband 7. Birth date of deceased (mo., day.	October	6.6	Schaeffer Upole 71 1874	21. I CERTIFY that death occurred on the date ab 19. and that I labt saw h. AAAA alive on	ove stated; that I attended decease Att 7 10 MAT 1 2	ed trom 19.45					
8. AGE: Year: 73	Months	Days 28	If less than one dayhrsmin.	Immediate cause of death	A. S. A. A. J. A.	OURATION					
9. Birthplace	Farmer (Town,	eounty, and	state)	Due to.		***************************************					
10. Usual occupation 11. Industry or busines	own Fa:	01.		Due to	4						
至 12. Name		Opole In	d :	Other conditions & Mestal 1	Veakness						
Elizabeth Tasker		(Include pregnancy within 3 months of death) Major fiadings of operations.									
Mrs. R. M. Upole		Aatopsy results									
Address	akland,	Md.	34 3040			atistically.					
Burial May 14, 1948 17 Burial, cremation, or removal, Which? Schaeffer Home Cemetery		22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide									
Cemetery or cremati	ile Sout	***************************************	Storm, W. Va.	Injured at home, farm, Industry, public place (1	where?)	(State)					
18. Funeral director	Verheif oakland,		land.	23. SIGNATURE W. T. VOMS	Injured at work?						
19. Date/rec'd by re	19 4 8 gistrar)	Ju	lia a lowar Registrar	Address Da Dan D	M.ID. or	Other 5/14/					



PLAINLY

WRITE

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: Garett Cily or town Rural Near Grantsville (If outside city or town limits, write RURAL and give nearest town) County Rural Near Grantsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Four Years Hospital Institution, or street address where death occurred: (If rurai, give LOCATION) How long in hospital or Institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Charles Henry Warant 2T3-T8-2656 MEDICAL CERTIFICATION Married 20. DATE OF DEATH MAY IO 19 48 21 930 6.(b) Name of husband or wife Matilda Warene 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of July -3-1887 deceased (mo., day, yr.) Immediate cause of death If less than one day 8. AGE: Ocean Alleghany (Town, county, and state) 10. Usual occupation... 11. Industry or business 12. Name Daniel Waren Frostburg Md (Include pregnancy within 3 months of death) 14. Maiden nat 14. Maiden name Margaret Humbertson Major findings of operations..... Confluence 16. Informant Mrs Matild Waren & PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Grantsville Md 22. VIOLENCE: If death was due to external causes, fill in the following: Burial May -13-1948 (Burial, eremation, or removal, Whieh?) Accident, suicide, or homicide..... Where dld injury occur?(City or town) Cemetery or crematory Mount Zian Injured at home, farm, industry, public place (where?) Means of Injury injured at work? 23. SIGNATURE

RATION

ly.

